

Dear Friend:

Thank you for contacting my office with regard to your concern involving United States Citizenship and Immigration Services (USCIS) or the Department of State (DOS). I welcome the opportunity to assist you in resolving this matter.

The attached Constituent Waiver Form, which grants my office the necessary authority to intervene on your behalf, must be completed prior to my office taking action. Without the original consent form, your case cannot be processed. Kindly complete the form and return it via fax or mail to:

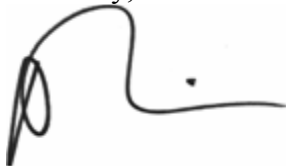
U.S. Representative Anthony D. Weiner
80-02 Kew Gardens Road, Suite 5000
Kew Gardens, NY 11415
Fax: (718) 520-9010
Attn: Director of Immigration

Please ensure that you have signed the form and included all the required information. It is important that you **TYPE** or **PRINT** this information and send us only one copy by mail. Failure to type or print or complete all applicable sections of the form will result in a delay, and your case may not be processed properly. Be certain to include copies of all pertinent documents, such as USCIS receipt notices, approval or denial notice, or copies of cancelled checks and/or money orders as applicable. Once we have received the form and your documents, my office will conduct an inquiry with USCIS or the Department of State to determine the status of your application.

Unfortunately, due to circumstances beyond our control, USCIS is currently experiencing a large influx of applications, and a delay in your reply may be experienced. Once my office has received a response, you will be notified either in writing or by telephone. Until then, I thank you in advance for your patience and cooperation.

As always, please feel free to contact my office with regard to this or any other matter of concern to you. The telephone number is (718) 520-9001.

Sincerely,

A handwritten signature in black ink, appearing to be 'A. Weiner', with a horizontal line extending to the right.

ANTHONY D. WEINER
Member of Congress

Dear Congressman Weiner:

I hereby request that you or a designated staff member investigate the situation outlined below. I understand that this form is to be used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

I authorize you or a designated staff member to communicate any of the information provided below with United States Citizenship and Immigration Service (USCIS), Immigration and Customs Enforcement (ICE), the Department of State (DOS), or any other government agency regarding my case via phone, fax, mail, and/or electronic mail.

At least one the following signatures are required:

Signature of Petitioner: _____ Date: _____

Signature of Beneficiary: _____ Date: _____

Petitioner

Last name: _____ First name: _____ A#: _____

Other Names Used (if any): _____ Sex: M F

Date of Birth: _____ Country of Birth: _____ Date of Arrival into US: _____

Current Address: _____

Previous Address: _____

Telephone Numbers: (cell) _____ (home) _____ (work) _____

Translation Required? Y N Language: _____

Beneficiary

Last name: _____ First name: _____ A#: _____

Other Names Used (if any): _____ Sex: M F

Date of Birth: _____ Country of Birth: _____ Date of Arrival into US: _____

Current Address: _____

Previous Address: _____

Telephone Numbers: (cell) _____ (home) _____ (work) _____

Translation Required? Y N Language: _____

Application

Application Type(s) Filed with USCIS or Department of State: _____

Receipt Number(s): _____

Filing Date(s): _____ Priority Date (if applicable): _____

Date and Place Interviewed: _____

Please Write a BRIEF Explanation of the Problem:

Please Enclose Copies of All Pertinent Documents and Send to the District Office.

*** DUE TO THE LARGE NUMBER OF REQUESTS BEING PROCESSED BY USCIS WE MAY EXPERIENCE A DELAY IN RECEIVING YOUR RESPONSE. AS SOON AS USCIS PROVIDES US WITH YOUR RESPONSE YOU WILL BE CONTACTED BY MY OFFICE IN WRITING OR BY PHONE. ***

THANK YOU FOR YOUR PATIENCE.